

GENERAL INFORMATION: MAP AMENDMENT REQUEST (MAR) APPLICATION**1. ADDRESS INFORMATION (Name, Address, City/State/Zip & PHONE NO.)**

APPLICANT:
OWNER:
ATTORNEY:

2. ADDRESS OF APPLICANT'S PROPERTY (Please attach Legal Description)

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3. ZONING, USE & ACREAGE OF APPLICANT'S PROPERTY (Use attachment, if needed--same format.)

Existing		Requested		Acreage	
Zoning	Use	Zoning	Use	Net	Gross

4. SURROUNDING PROPERTY, ZONING & USE

Property	Use	Zoning
North		
East		
South		
West		

5. EXISTING CONDITIONS

a. Are there any existing dwelling units on this property that will be removed if this application is approved?	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Have any such dwelling units been present on the subject property in the past 12 months?	<input type="checkbox"/> YES <input type="checkbox"/> NO
c. Are these units currently occupied by households earning under ____ % of the median income? If yes, how many units? If yes, please provide a written statement outlining any efforts to be undertaken to assist those residents in obtaining alternative housing.	<input type="checkbox"/> YES <input type="checkbox"/> NO _____ Units

6. URBAN SERVICES STATUS (Indicate whether existing, or how to be provided.)

Roads	<input type="checkbox"/> Existing	<input type="checkbox"/> To be constructed by	<input type="checkbox"/> Developer	<input type="checkbox"/> Other
Storm Sewers	<input type="checkbox"/> Existing	<input type="checkbox"/> To be constructed by	<input type="checkbox"/> Developer	<input type="checkbox"/> Other
Sanitary Sewers	<input type="checkbox"/> Existing	<input type="checkbox"/> To be constructed by	<input type="checkbox"/> Developer	<input type="checkbox"/> Other
Curb/Gutter/Sidewalks	<input type="checkbox"/> Existing	<input type="checkbox"/> To be constructed by	<input type="checkbox"/> Developer	<input type="checkbox"/> Other
Refuse Collection	<input type="checkbox"/> LFUCG	<input type="checkbox"/> Other		
Utilities	<input type="checkbox"/> Electric	<input type="checkbox"/> Gas	<input type="checkbox"/> Water	<input type="checkbox"/> Phone <input type="checkbox"/> Cable

7. DESCRIBE YOUR JUSTIFICATION FOR REQUESTED CHANGE (Please provide attachment.)

This is in...	<input type="checkbox"/> in agreement with the Comp. Plan <input type="checkbox"/> more appropriate than the existing zoning <input type="checkbox"/> due to unanticipated changes.
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8. APPLICANT/OWNER SIGNS THIS CERTIFICATION

I do hereby certify that to the best of my knowledge and belief, all application materials are herewith submitted, and the information they contain is true and accurate. I further certify that I am <input type="checkbox"/> OWNER or <input type="checkbox"/> HOLDER of an agreement to purchase this property since _____.	
APPLICANT _____	DATE _____
OWNER _____	DATE _____
LFUCG EMPLOYEE/OFFICER, if applicable _____	DATE _____

